



Supplementa

(Assistant Examiner) (Date)

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant						<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original		Final	Original		Final	Original		Final	Original	
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	5			35		64		124		155	
5	6			36		65		125		156	
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	8	15		38		67		127		158	
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	11			41		70		130		161	
	12			42		71		131		162	
	13			43		72		132		163	
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10	17			47		76		136		167	
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	19			49		78		138		169	
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	26	4		56		85		145		176	
12	27	8		57		86		146		177	
13	28					87		147		178	
		11		58		88		148		179	
	29	14		59		89		149		180	
	30	17		60		90		150			